

P1000 of 00579

(Requestor's Name)

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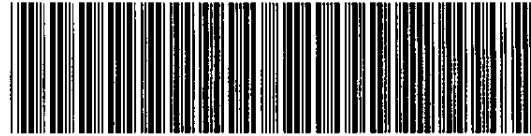
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 DEC 13 AM 11:35

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J. Shivers DEC 14 2010

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: OMEGA HEALTHCARE SERVICES, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: DAVID M. SORRELL

Name (Printed or typed)

18916 LAKE'S EDGE WAY

Address

ODESSA, FL 33556-2264

City, State & Zip

813-961-6110/EXT. 306

Daytime Telephone number

DSORRELL@SORRELLINSURANCE.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: OMEGA HEALTHCARE SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4923 VAN DYKE ROAD
LUTZ, FL 33558-4813

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFESSIONAL CORPORATION FOR THE PURPOSE OF MARKETING AND SALES OF PRODUCTS AND SERVICES TO THE HEALTHCARE INDUSTRY.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID M. SORRELL/PRESIDENT & SECRETARY
Address: 18916 LAKE'S EDGE WAY
ODESSA, FL 33556-2264

Name and Title:

Address:

Name and Title: JULIE L. SORRELL/VICE-PRESIDENT & TREASURER
Address: 18916 LAKE'S EDGE WAY
ODESSA, FL 33556-2264

Name and Title:

Address:

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: DAVID M. SORRELL
Address: 18916 LAKE'S EDGE WAY
ODESSA, FL 33556-2264

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DAVID M. SORRELL
Address: 18916 LAKE'S EDGE WAY
ODESSA, FL 33556-2264

ARTICLE VIII EFFECTIVE DATE

The effective date of the incorporation shall be:
December 31, 2010

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

D. M. Sorrell

Required Signature/Registered Agent

12/08/2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

D. M. Sorrell

Required Signature/Incorporator

12/08/2010

Date

SECRETARY OF STATE
TALLAHASSEE, FL 32399

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